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LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)

Page of Page(s)

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SECRETARY OF STATE

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered year ending Nicholas G. Miller Hawley Troxell Ennis & Hawley LLP 12/31/05 (Mo.) (Day) (Yr.) PO Box 1617 12 31 05 Boise, ID 83701-1617 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure * Total Amount for Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Item 3, at bottom of page.) All Employers Employer No. 1 Do Not Have to be Reported Employer No. 2 Employer No. 3 Employer No. 4 Entertainment 0.00 Food and Refreshment 0.00 Living Accommodations 0.00 Advertising Travel 0.00 0.00 Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 0.00 Total *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Date Amount Names of Legislators & Public Officials in Group None Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS _{No.1} SunCor Idaho, LLC Who should file this form: Any lobbyist registered under Section 485 E. Riverside Drive, #300, Eagle, ID 83616 67-6617 Idaho Code. No.2 Icaho Health Facilities Authority Filing deadline: Annual report is due on January 31st. 1607 W. Jefferson, Boise, ID 83702 TO BE FILED WITH: Ben Ysursa No.3 Nampa School District No. 131 Secretary of State 619 South Canyon, Nampa, ID 83686 PO Box 83720 Boise, ID 83720-0080 No.4 Phone: (208) 334-2852 Fax: (208) 334-2282

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.								
	E		Amount		Name of Legislator Receiving or Benefited				
	None	•							
ltem		ect matter of proposed legislation, the number of the Senate case Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION				
			as supporting or o		Code	Subject	Code	Subject	
Subjec	Code	Bill, Re	esolution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs	
(from			ive Ident, Number			farming, and livestock		and controlled substances, health	
None					02	Amusements, games, athletics and sports	18	insurance, hospitals Higher education	
		!			03	Banking, finance, credit and	19	Housing, construction, codes	
		1			١	investments	20	Insurance (excluding health	
		}			04	Children, minors, youth,	21	insurance)	
					05	senior citizens Church and religion	21	Labor, salaries and wages, collective bargaining	
		i			06	Consumer affairs	22	Law enforcement, courts,	
					07			judges, crimes, prisons	
					l	conservation, zoning, land and water use	23 24	License, permits	
		l			08	Education	25	Manufacturing, distribution and	
					09	Elections, cumpaigns, voting,		services	
						political parties	26	Natural resources, forest and	
		•			10	Equal rights, civil rights,		forest products, fisheries, mining	
		ļ			111	minority affairs Government, financing,	27	and mining products Public lands, parks, recreation	
						taxation, revenue, budget,	28	Social insurance, unemployment	
					١.,	appropriations, bids, fees, funds		insurance, public assistance,	
					12	Government, county Government, federal	29	workmen's compensation Transportation, highways,	
					14	Government, municipal		streets and roads	
					15	Government, special districts	30	Utilities, communications,	
					16	Government, state		televisions, radio, newspaper,	
						. 1	31	power, CATV, gas Other (please specify)	
						Wald D.	/L./	(1)	
						Lobbyist signature	ru	Date	
					1	10 47 0 V	ntw	9~ (13/04	
						Employer No. 1 signature Neil P. Morss) U	Date (3/4)	
						Employer No. 2 signature	Hu	Date 1/2/26	
		l			1	Employer No. 3 signature	-	Date	
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.						Employer 175. 5 signature		Dall	
					J	Employer No. 4 signature		Date	